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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</p> <h2 style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p> <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing </p>	<p>Attorney Docket Number</p> <p>U 0069 CC/SPAP</p> <p>First Named Inventor</p> <p>McCaulley, James A.</p>	<p style="text-align: center;">COMPLETE IF KNOWN</p> <p>Application Number</p> <p>Filing Date</p> <p>Group Art Unit</p> <p>Examiner Name</p>
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As a below named inventor, I hereby declare that:
 My residence, post office address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ASTRINGENT SHAVE PREPARATIONS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/246,355	11/07/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR

☒ List Attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone	610-278-4929	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	James	Middle Initial	A.	Family Name	McCaulley	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Post Office Address	18 Hart Lane						
Post Office Address							
City	Ringoes	State	NJ	Zip	08551	Country	USA
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION										ADDITIONAL INVENTOR(S) Suppl mental Sheet			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Pat			Middle Initial		Family Name	Hoontrakul			Suffix e.g. Jr.			
Inventor's Signature									Date				
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Post Office Address	242 West Lehigh Street												
Post Office Address													
City	Bethlehem			State	PA	Zip	18018	Country	USA	Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country		Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country		Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country		Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country		Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													